

N. Evaluation and Selection

A two - step evaluation process will be used to review and score technical proposals for each county. DHS will reject any proposal that is found to be non-responsive at either step of evaluation.

1. Step 1 – Required Attachment / Certification Checklist review

- a. Shortly after the proposal submission deadline, DHS staff will convene to review each proposal for timeliness, completeness and initial responsiveness to the RFP requirements. This is a pass/fail evaluation.
- b. In this review stage, DHS will compare the contents of each proposal to the claims made by the Proposer on the Required Attachment / Certification Checklist to determine if the Proposer's claims appear to be accurate. This includes review to ensure Proposer meets the qualification requirements (first section of the Required Attachment / Certification Checklist form).
- c. If deemed necessary, DHS may collect additional documentation (i.e., missing forms, missing data from RFP attachments, missing signatures, etc.) from a Proposer to confirm the claims made on the Required Attachment / Certification Checklist and to ensure that the proposal is initially responsive to the RFP requirements.
- d. If a Proposer's claims on the Required Attachment / Certification Checklist cannot be proven or substantiated, the proposal will be deemed non-responsive and rejected from further consideration.

2. Step 2 – Narrative proposal evaluation/scoring

- a. Proposals that appear to meet the basic format requirements, initial qualification requirements and contain the required documentation, as evidenced by passing Step 1 review, will be submitted to a rating committee.

The raters will individually and/or as a team review, evaluate and give a numeric score to proposals based on the proposal's adequacy, thoroughness, and the degree to which it complies with the RFP requirements.

- b. For each technical proposal requirement in Section L. Technical Proposal Requirements, there is a corresponding Evaluation Criteria (see item g. Narrative Proposal Rating Factors). The Evaluation Criteria indicates the specific technical proposal requirement (TPR) that is being scored. The Evaluation Criteria then presents questions to be considered by each of the raters on the evaluation team when scoring the TPR. Each Evaluation Criteria question will be scored points from 0 to 3.
- c. DHS will use the following scoring system to assign points. Following this chart is a list of the considerations that raters may take into account when assigning individual points to a technical proposal.

Points	Interpretation	General basis for point assignment
0	Inadequate	Proposal response (i.e., content and/or explanation offered) is inadequate or does not meet DHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.

Points	Interpretation	General basis for point assignment
1	Barely Adequate	Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), are inconsequential and acceptable.
2	Fully Adequate	Proposal response (i.e., content and/or explanation offered) is fully adequate or fully meets DHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.
3	Excellent or Outstanding	Proposal response (i.e., content and/or explanation offered) is above average or exceeds DHS' needs/requirements or expectations. Minimal weaknesses are acceptable. Proposer offers one or more enhancing feature, method or approach that will enable performance to exceed our basic expectations.

- d. In assigning points for individual rating factors, raters may consider issues including, but not limited to the extent to which a proposal response:
- 1) Is lacking information, lacking depth or breadth or lacking significant facts and/or details, and/or
 - 2) Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and/or
 - 3) Demonstrates that the Proposer understands DHS' needs, the services sought, and/or the contractor's responsibilities, and/or
 - 4) Illustrates the Proposer's capability to perform all services and meet all scope of work requirements, and/or
 - 5) If implemented, will contribute to the achievement of DHS' goals and objectives, and/or
 - 6) Demonstrates the Proposer's capacity, capability and/or commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods; creative or innovative business solutions).
- e. The scored points will be multiplied by the weight given to each Evaluation Criteria to calculate the total points possible. For example:

Financial (Evaluation Criteria for TPR 2. b.)

	Points Awarded		Weight		Total Points Possible
Current Financial Viability	3	x	25	=	75

If the Proposer received a rating score of 2 on this same question then the points would be calculated as shown below.

	Points Awarded		Weight		Total Points Possible
Current Financial Viability	2	x	25	=	50

- f. Raters will score the TPR categories listed below. Each TPR category has a maximum of 300 points possible, and the total points possible will be multiplied by the weight value given to each TPR category. Below is a breakout of total possible points for each TPR category multiplied by the weight value to reflect the total points possible for each TPR category and the maximum score possible for this RFP.

TPR Category	<u>Points</u>		Weight		Total
1. Organization and Administration of Plan	300	x	1.0	=	300
2. Financial Information	300	x	2.0	=	600
3. Management Information System	300	x	1.0	=	300
4. Quality Improvement System	300	x	2.5	=	750
5. Utilization Management	300	x	2.0	=	600
6. Provider Network	300	x	2.5	=	750
7. Provider Relations	300	x	1.5	=	450
8. Provider Compensation Arrangements	300	x	2.5	=	750
9. Access and Availability	300	x	2.0	=	600
10. Scope of Services	300	x	2.0	=	600
11. Case Management and Coordination of Care	300	x	2.0	=	600
12. Local Health Department Coordination	Not scored.				
13. Member Services	300	x	1.5	=	450
14. Member Grievance System	300	x	1.5	=	450
15. Marketing	Not scored.				
16. Enrollments and Disenrollments	Not scored.				
17. Reporting Requirements	Not scored.				
18. Implementation Plan and Deliverables	Not scored.				
Maximum Score Possible for RFP					7200

- g. Narrative Proposal Rating Factors

Raters will use the following criteria to score the narrative portion of each proposal.

1. Organization and Administration of Plan

<u>Summary of Points</u>	<u>Maximum Score</u>		<u>Weight</u>		<u>Total Points Possible</u>
Presentation of Current Organization Structure and Operation (Technical Proposal Response 1.a.)	3	X	30	=	90
Separation of Medical Services and Fiscal and Administrative Management (Technical Proposal Response 1.b.)	3	X	20	=	60

Past Contracting Experience (Technical Proposal Response 1.d.)	3	X	50	=	150
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Total Possible Points	3	X	100	=	300
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Evaluation Criteria

Presentation of Current Organization Structure and Operation (Technical Proposal Requirement 1.a)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
1. Did the Proposer submit the required Knox-Keene license exhibits and forms, listed below, reflecting current operation status?		30	
<p>A. Exhibit E-1: Summary Description of the Organization and Operation (including the board-adopted mission statement.</p> <p>B. Exhibit L: Organization chart(s)</p> <p>C. Exhibit M-1: Narrative Explanation of the Organization Chart(s) (including description of the roles and responsibility of staff dedicated or assigned to the Medi-Cal contract, and relationships with affiliated parties, principal creditors, and providers of administrative services.</p>			

Separation of Medical Services and Fiscal and Administrative Management (Technical Proposal Requirement 1.b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
2. Did the Proposer submit the required Knox-Keene license Exhibit O: Statement for the separation of medical services from fiscal and administrative management to assure that medical decisions will not be unduly influenced by fiscal and administrative management, reflecting current operation status?		20	
<p><u>When evaluating this question, consider the following:</u></p> <p>Does Proposer's organization chart and narrative description of the organization provided</p>			

Separation of Medical Services and Fiscal and Administrative Management (Technical Proposal Requirement 1.b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
in TPR 1.a. clearly demonstrate that the Medical Director and other medical decision makers are separate and not unduly influenced by the fiscal and administrative decision makers (e.g., the Medical Director reports to the Chief Executive Officer or Chief Operating Officer, not the Chief Financial Officer or Marketing Director)?			

Past Contracting Experience (Technical Proposal Requirement 1.c)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
3. To what extent does the Proposer’s description of its managed care contracting experience show relevant prior experience similar to the work required within this RFP which demonstrates the ability to perform this work?		50	
<u>When evaluating this question, consider the following:</u>			
A. Does the Proposer’s history of managed care include more than 5 years of contracting with? 1) Medi-Cal Managed Care 2) Public Employees Retirement System (PERS) Contract 3) Federal Employees Contract, including Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) 4) Medicare Risk Contract 5) Medicaid (other states) 6) Children’s Health Initiative Program (CHIP) / Healthy Families			
B. If contracting term with entities described in items 1) through 6) above, the following points will be given: ≥ 5 years 3 points 3-4 years 2 points 1-2 years 1 point 0 years 0 points			

FINAL SCORE: Organization and Administration of Plan
Total Points Earned _____

2. Financial Information

<u>Summary of Points</u>	<u>Maximum Score</u>		<u>Weight</u>		<u>Total Points Possible</u>
Affiliates (Technical Proposal Requirement 2.a.)	3	X	10	=	30
Current Financial Viability (Technical Proposal Requirement 2.b.)	3	X	60	=	180
Projected Financial Viability (Technical Proposal Requirement 2.c.)	3	X	30	=	90
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Total Possible Points	3	X	100	=	300
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Evaluation Criteria

Affiliates (Technical Proposal Response 2.a)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
4. To what extent did Proposer's narrative and organization chart describe the Proposer's relationship with affiliated parties?		10	
<u>When evaluating this question, consider the following:</u> <ul style="list-style-type: none"> A. Proposer's relationship with affiliated parties. B. An adequate description of services received/furnished from/to Affiliates. C. The accounting practices and disclosures for affiliated transactions. 			

Current Financial Viability (Technical Proposal Requirement 2. b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
5. To what extent does Proposer demonstrate current Financial Viability including Tangible Net Equity (TNE)?		60	
<u>When evaluating this question, consider the following:</u> <u>Technical Proposal Requirement 2. b. 1):</u>			

Current Financial Viability (Technical Proposal Requirement 2. b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>A. To what extent does the Proposer's financial statements and accompanying report by an independent certified public accountant demonstrate sufficient financial capacity? Does the Proposer demonstrate adequate financial resources to administer the Medi-Cal Managed Care contract?</p> <p>1) Do the financial statements and footnotes include the following (Exhibit GG-1-a):</p> <ul style="list-style-type: none"> a) Accountant's Opinion b) Balance Sheet c) Income Statement (Statement of Revenues and Expenses) d) Statement of Cash Flows e) Statement of Changes in Shareholder Equity (For Profit Companies), or Statement of Changes in Fund Balance (Not For Profit Companies) f) Footnote disclosures to include, at a minimum (as applicable): <ul style="list-style-type: none"> i) Accounting Policies ii) Disclosure of facts material to the company's operation iii) Tax treatment for the company iv) Related Party Disclosures v) Any Concentration of Risk vi) Any material facts regarding major assets/liabilities vii) Any contingent liabilities/litigation viii) Adoption of new Generally Accepted Accounting Practices (GAAP) ix) Standards. x) Departure from GAAP Standards and why <p>2) What type of opinion did the auditing accountant issue? (Unqualified, Qualified, or Disclaimer of Opinion)</p> <p>3) Were there exceptions to the financial analysis? (Evaluators will perform a ratio analysis; capitalization; per member per month analysis; and percent of revenue analysis.)</p>			

Current Financial Viability (Technical Proposal Requirement 2. b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>a) Ratio Analysis</p> <p>i) Current Ratio: $\frac{\text{Current Assets}}{\text{Current Liabilities}}$</p> <p>ii) Acid Test Ratio: $\frac{\text{Current Assets} - \text{Inventory}}{\text{Current Liabilities}}$</p> <p>iii) Debt to Total Assets Ratio: $\frac{\text{Total Debt}}{\text{Total Assets}}$</p> <p>iv) Times Interest Earned Ratio:</p> $\frac{\text{Net Income before Taxes} + \text{Interest Expense}}{\text{Interest Expenses}}$ <p>v) Receivables Turnover Ratio:</p> $\frac{\text{Commercial Premiums Receivable} - \text{Net}}{\text{Commercial Premium Revenue}}$ <p>vi) Average Collection Period Ratio:</p> $\frac{\text{Health Care Receivables}}{\text{Health Care Revenues}/360 \text{ Days}}$ <p>vii) Fixed Assets Turnover Ratio: $\frac{\text{Total Revenues}}{\text{Fixed Assets}}$</p> <p>viii) Total Asset Turnover Ratio: $\frac{\text{Total Revenues}}{\text{Total Assets}}$</p> <p>ix) Profit Margin Ratio: $\frac{\text{Net Income after Taxes}}{\text{Total Revenue}}$</p> <p>x) Medical Loss Ratio: $\frac{\text{Health Care Expenses}}{\text{Health Care Revenues}}$</p> <p>xi) Medi-Cal Profit Margin Ratio: $\frac{\text{Medi-Cal Net Income}}{\text{Medi-Cal Revenue}}$</p> <p>xii) Medi-Cal Loss Ratio:</p> $\frac{\text{Medi-Cal Health Care Expenses}}{\text{Medi-Cal Revenue}}$ <p>xiii) Administrative Cost Ratio (Health Revenues Only):</p> $\frac{\text{All Administrative Expenses}}{\text{Health Care Revenues Only}}$			

Current Financial Viability (Technical Proposal Requirement 2. b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p style="text-align: center;">xiv) Viability Index Ratio:</p> $\frac{\text{Total Debt} \times \text{Operating Expense} \times 4}{\text{Total Assets} \times \text{Total Operating Revenue} \times \text{Current Ratio}}$ <p style="text-align: center;">xv) TNE Calculation</p> <p><u>Technical Proposal Requirement 2. b. 2:</u></p> <p>B. Do Proposer's financial statements and accompanying report by an independent certified public accountant demonstrate sufficient financial capacity? Does the Proposer demonstrate adequate financial resources to administer the Medi-Cal Managed Care contract?</p> <p>1) Do the financial statements and footnotes include the following?</p> <p>[Exhibit GG-1-b submitted only if the financial statements in Exhibit GG-1-a are for a period ended more than 60 days before the date of filing this proposal.]</p> <p>a) Accountant's Opinion</p> <p>b) Balance Sheet</p> <p>c) Income Statement (Statement of Revenues and Expenses)</p> <p>d) Statement of Cash Flows</p> <p>e) Statement of Changes in Shareholder Equity (For Profit Companies), or Statement of Changes in Fund Balance (Not For Profit Companies)</p> <p>f) Footnote disclosures to include, at a minimum (as applicable):</p> <p>i) Accounting policies</p> <p>ii) Disclosure of facts material to the company's operation</p> <p>iii) Tax treatment for the company</p> <p>iv) Related party disclosures</p> <p>v) Any concentration of risk</p> <p>vi) Any material facts to major assets/liabilities</p> <p>vii) Any contingent liabilities/litigation</p> <p>viii) Adoption of new GAAP standards</p>			

Current Financial Viability (Technical Proposal Requirement 2. b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>ix) Departure from GAAP standards and why</p> <p>2) Were there exceptions to the financial analysis? (Evaluators will perform a ratio analysis; capitalization; per member per month analysis; and percent of revenue analysis.)</p> <p>a) Ratio Analysis</p> <p>i) Current Ratio: $\frac{\text{Current Assets}}{\text{Current Liabilities}}$</p> <p>ii) Acid Test Ratio: $\frac{\text{Current Assets} - \text{Inventory}}{\text{Current Liabilities}}$</p> <p>iii) Debt to Total Assets Ratio: $\frac{\text{Total Debt}}{\text{Total Assets}}$</p> <p>iv) Times Interest Earned Ratio:</p> $\frac{\text{Net Income before Taxes} + \text{Interest Expense}}{\text{Interest Expenses}}$ <p>v) Receivables Turnover Ratio:</p> $\frac{\text{Commercial Premiums Receivable} - \text{Net}}{\text{Commercial Premium Revenue}}$ <p>vi) Average Collection Period Ratio:</p> $\frac{\text{Health Care Receivables}}{\text{Health Care Revenues}/360 \text{ Days}}$ <p>vii) Fixed Assets Turnover Ratio: $\frac{\text{Total Revenues}}{\text{Fixed Assets}}$</p> <p>viii) Total Asset Turnover Ratio: $\frac{\text{Total Revenues}}{\text{Total Assets}}$</p> <p>ix) Profit Margin Ratio: $\frac{\text{Net Income after Taxes}}{\text{Total Assets}}$</p> <p>x) Medical Loss Ratio: $\frac{\text{Health Care Expenses}}{\text{Health Care Revenues}}$</p> <p>xi) Medi-Cal Profit Margin Ratio: $\frac{\text{Medi-Cal Net Income}}{\text{Medi-Cal Revenue}}$</p>			

Current Financial Viability (Technical Proposal Requirement 2. b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>xii) Medi-Cal Loss Ratio:</p> $\frac{\text{Medi-Cal Health Care Expenses}}{\text{Medi-Cal Revenue}}$ <p>xiii) Administrative Cost Ratio (Health Revenues Only):</p> $\frac{\text{All Administrative Expenses}}{\text{Health Care Revenues Only}}$ <p>xiv) Viability Index Ratio:</p> $\frac{\text{Total Debt} \times \text{Operating Expense} \times 4}{\text{Total Assets} \times \text{Total Operating Revenue} \times \text{Current Ratio}}$ <p>xv) TNE Calculation</p> <p>C. Does the most recent 10-K(SEC) indicate possible exceptions? (SEC 10-K and 10-Q are required only from publicly traded companies which fall under the purview of the Securities and Exchange Commission (SEC)?</p> <p><u>Technical Proposal Requirement 2.b.3) (Exhibit GG-2):</u></p> <p>D. Is Proposer's TNE calculation in accordance with Title 28, CCR, Section 1300.76, based upon the most recent balance sheet provided with this application?</p> <p>E. Was the calculation correct? Do the amounts agree with the amounts reported in the Proposer's financial statements? Does the calculation foot?</p> <p>F. Was TNE adequate? Does the Proposer have at least the minimum required TNE? If the Proposer does not have adequate TNE, is there a representation that the Proposer will have appropriate TNE prior to the proposed start of Medi-Cal operations? Does the proposed manner of achieving compliance appear reasonable?</p>			

Projected Financial Viability (Technical Proposal Requirement 2.c)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
6. To what extent does the Proposer demonstrate projected Financial Viability?		30	
<p><u>When evaluating this question, consider the following:</u></p> <p><u>Technical Proposal Requirement 2. c. 1):</u> (Exhibits HH-3-a, HH-3-b, HH-3-c, HH-3-d, HH-3-e, HH-3-f, HH-3-f-i, HH-3-f-ii)</p>			

Projected Financial Viability (Technical Proposal Requirement 2.c)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>[ITEMS A. THROUGH D. SUBMITTED ONLY IF THE FOLLOWING IS TRUE:</p> <p>1) PROPOSER HAS NOT BEEN OPERATIONAL THE LAST THREE (3) YEARS.</p> <p>2) PROPOSER HAS NOT HAD A PROFITABLE OPERATION IN CALIFORNIA DURING THE LAST THREE (3) YEARS, OR;</p> <p>3) PROPOSER HAS NEVER PROVIDED MEDI-CAL MANAGED CARE SERVICES AS A CONTRACTOR OR SUBCONTRACTOR.]</p> <p>A. Did Proposer submit a complete feasibility study that includes the following:</p> <ul style="list-style-type: none"> 1) Legal Analysis 2) Marketing and Enrollment Analysis 3) Health Care Providers Analysis 4) Financial Analysis <p>B. Is the feasibility study reasonable for the following:</p> <ul style="list-style-type: none"> 1) Legal Analysis 2) Marketing and Enrollment Analysis 3) Health Care Providers Analysis 4) Financial Analysis <p>C. Did the Proposer submit an actuarial study with actuarial attestation (Medi-Cal members and commercial activity) that includes the following:</p> <ul style="list-style-type: none"> 1) Utilization rates for each medical expense item reflected in projected income statement, expressed as per member per month, including the methodology and source of data used to determine such rates. 2) Cost per utilization for each medical expense item reflected in the income statement, including the methodology and source of data used to determine such costs. 3) The per member per month cost for each medical expense item. 4) The methodology and source of data used to estimate co-payments, coordination of benefits, and reinsurance recoveries, expressed on a per member per month basis. 5) Price level changes used in the projections and source utilized to determine such estimates. <p>D. Is the Proposer's actuarial study reasonable for each of the following:</p> <ul style="list-style-type: none"> 1) Utilization rates 			

Projected Financial Viability (Technical Proposal Requirement 2.c)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<ul style="list-style-type: none"> 2) Cost per utilization unit 3) Per member per month cost 4) Inflation estimates 5) Methodology and source of data used to estimate co-payments, coordination of benefits, and reinsurance recoveries 			
<u>Technical Proposal Requirement 2. c. 2) (Exhibit HH-4):</u>			
<ul style="list-style-type: none"> E. Are the following reimbursements present on a monthly and quarterly basis: <ul style="list-style-type: none"> 1) Non-contracting providers for covered health care services furnished to Medi-Cal Members 2) Fee-For-Service payments to reimburse contracting providers for covered health care services 3) Amounts to be paid to contracting providers on a capitated basis 4) Total Expenditures for covered health care services 			
<ul style="list-style-type: none"> F. Did Proposer describe and substantiate facts and assumptions? <ul style="list-style-type: none"> 1) Are facts and assumptions reasonable? 			
<ul style="list-style-type: none"> G. Did Proposer submit a description on how the provision for incurred but not reported (IBNR) claims are determined for providers which are paid on a per claim or per diem basis? <ul style="list-style-type: none"> 1) Are multiple methods used according to type of cost behavior/submission pattern (e.g., Physician Claims, Pharmacy Claims, Hospital Claims): 2) Are methods in compliance with the requirements of Section 1377(b) of the Knox-Keene Health Care Service Plan Act and Sections 1300.77.1, 1300.77.2 and 1300.77.3 of Title 10, CCR? 3) Are IBNR methodologies reasonable? (e.g., Log Analysis for Hospital Inpatient Services, Physician Claims lagged on a date of service to date of receipt basis, etc.) 4) Are actuaries intended to be utilized instead of a lag/log analysis? 			
<ul style="list-style-type: none"> H. Did Proposer submit written administrative policies regarding arrangements for IBNR methodologies? <ul style="list-style-type: none"> 1) Are written administrative policies reasonable? 			

FINAL SCORE: Financial Information**Total Points Earned _____****3. MANAGEMENT INFORMATION SYSTEMS**

<u>Summary of Points</u>	<u>Maximum Score</u>		<u>Weight</u>		<u>Total Points Possible</u>
Staffing (Technical Proposal Requirement 3.a.)	3	X	25	=	75
MIS Overview (Technical Proposal Requirement 3.b.)	3	X	25	=	75
MIS/Subsystems (Technical Proposal Requirement 3.c.) System Description	3	X	50	=	150
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Total Possible Points	3	X	100	=	300

Evaluation Criteria

Staffing (Technical Proposal Requirement 3.a)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
7. To what extent does the Proposer provide an organization chart of proposed or existing staffing which demonstrates that staffing is appropriate to support the MIS function?		25	
<u>When evaluating this question, consider the following:</u> A. Does the proposal include the number and type of staff support functions including job descriptions? B. Is this staffing appropriate to support the MIS function?			

MIS Overview (Technical Proposal Requirement 3.b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
8. To what extent did the Proposer provide an overview describing the MIS including hardware and software used and how each is related to other components of the system; i.e., Service Bureau, LAN system, minicomputer mainframe, etc?		25	

MIS Overview (Technical Proposal Requirement 3.b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p><u>When evaluating this question, consider the following:</u></p> <p>Is the software/hardware design capable of performing all required and proposed MIS functions, at the standards and volumes to be reasonably expected for this contract?</p>			

MIS/Subsystems System Description (Technical Proposal Requirement 3.c.)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>9. To what extent does the Proposer provide a summary description of the MIS components (existing and/or proposed) related level(s) of automation or manual operation and the linkages between the system components?</p>		50	
<p><u>When evaluating this question, consider the following:</u></p> <p>A. The proposal includes comprehensive description and flowcharts of the overall MIS functions; description of each program's logic; and processing steps with decision tables and program logic flowcharts as appropriate.</p> <p>B. Proposal includes flow charts for each sub-system showing input, output and linkages between system components and indicating which are manual operations vs. automated functions.</p> <p>C. The proposal substantially describes the inputs, outputs, files and system processes demonstrating the system's capabilities and functions.</p> <p>D. Information may be accessed through use of multiple fields?</p> <p>E. The proposal identifies comprehensive edits of all significant data fields used to record information.</p> <p>F. Conversion of data into computer media is controlled and verified for accuracy and completeness?</p> <p>G. Controls described for read/write authorizations, data base access?</p> <p>H. Proposal demonstrates all subsystems are linked to permit the interchange of critical information?</p> <p>I. Are data linkages integrated and/or interfaced?</p> <p>J. Integration: Systems are said to be integrated when a data dictionary is used to manage multiple files for two or more subsystems, thus giving the appearance of a single data base to the end user.</p>			

MIS/Subsystems System Description (Technical Proposal Requirement 3.c.)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p>K. Interfacing: Systems are said to be interfaced when there are two or more subsystems with separate master files for each subsystem and information is passed between the subsystems using programs and sometimes special hardware to accomplish the exchange of information. If the linkages are achieved through the interfacing of foreign subsystems, is the transmission of data between processing subsystems controlled?</p> <p>L. Are the Member/provider statistics integrated or interfaced?</p> <p>M. Capability for on-line inquiry access for Member and provider eligibility information/verification within plan? external access?</p> <p>N. Appropriate history files for Member, provider, financial data are maintained?</p> <p>O. Proposal describes the establishment of provider, eligibility, procedures, diagnosis, and formulary files, including the creation of an enrollee file, based on Member information received from the Department, and a suspense file if necessary?</p> <p>P. Documentation describes the report generation process and capability to produce ad hoc reports and files on an as needed basis to support plan management functions?</p>			

FINAL SCORE: Management Information Systems Total Points Earned _____
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4. QUALITY IMPROVEMENT SYSTEMS

<u>Summary of Points</u>	<u>Maximum Score</u>	<u>Weight</u>	<u>Total Pts. Possible</u>
Organizational Structure (Technical Proposal Requirement 4.a.)	3	X 10 =	30
Communication between Quality Improvement Committee and Governing Body (Technical Proposal Requirement 4.b.)	3	X 8 =	24
Oversight Activities (Technical Proposal Requirement 4.c.)	3	X 20 =	60
HEDIS Experience (Technical Proposal Requirement 4.d.)	3	X 42 =	126
Consumer Satisfaction Surveys (Technical Proposal Requirement 4.e.)	3	X 10 =	30
Innovative Quality Improvement Activities (Technical Proposal Requirement 4.f.)	3	X 10 =	30

Total Possible Points	3	X	100	=	300
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Evaluation Criteria

Organizational Structure (Technical Proposal Requirement 4.a)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
10. To what extent did Proposer submit an organization chart showing key staff, their qualifications, and the committees/bodies responsible for Quality Improvement (QI) activities?		10	
<p><u>When evaluating this question, consider the following:</u></p> <p>A. Did Proposer describe reporting relationships of QI staff to other areas within the organization?</p> <p>1) Does Quality Improvement System organizational chart include a Physician who consults or provides oversight?</p> <p>B. Does the Proposer's Quality Improvement Committee (QIC) include provider participation from provider network Physicians?</p> <p>C. Are the qualifications for the key positions commensurate with the responsibilities?</p>			

Communication between QIC and Governing Body (Technical Proposal Requirement 4.b)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
11. To what extent did Proposer provide a comprehensive example of a recent quality of care issue involving a Physician that included the following?		8	
<p>A. A system to identify, track and trend quality of care issues.</p> <p>B. The quality of care issue was communicated from the QIC to the Governing Body.</p> <p>C. Review by a peer review body with the ability to appeal the decision.</p> <p>D. Review and discussion of the quality of care issue by the Governing Body.</p> <p>E. Action by the Governing Body and follow-up to resolution</p> <p>F. Actions taken and results communicated to the appropriate people (health plan, provider, and member).</p>			

Oversight Activities (Technical Proposal Requirement 4.c.)		Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
12.	To what extent does Proposer's oversight and monitoring activities over the past year demonstrate a systematic approach that includes the following?		20	
<p>A. Collection or onsite review of delegated entities QIC minutes.</p> <p>B. Collection and review of quarterly (or annual) QI activity reports.</p> <p>C. Incorporation of delegated entity's QI findings into Proposer's health plan QI process.</p> <p>D. Identification of specific problems for follow-up.</p> <p>E. Review of delegated entity's compliance to Proposer's QI standards (i.e. Access and Availability, Utilization Management, Credentialing etc.).</p> <p>F. Assessment of specific actions for follow-up.</p>				

HEDIS Experience (Technical Proposal Requirement 4.d.)		Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
13.	To what extent did Proposer describe experience with Medi-Cal Health Plan Employer Data and Information Set (HEDIS)?		(42 total, see below)	
<p><u>When evaluating this question, consider the following:</u></p> <p>A. Rate the Proposer's HEDIS 2000 Medicaid scores (Medi-Cal for California) by comparing them to the following HEDIS Medi-Cal scores for 2000: If there is a "not report" in any of the seven performance measures, no points are to be allocated for that performance measure.</p>				
<p>1) Initiation of Prenatal Care</p> <p><72.1% = 0 pts ≥72.1% = 3 pts</p>			6	
<p>2) Prenatal Care in the 1st Trimester</p> <p><61.4% = 0 pts ≥61.4% = 3 pts</p>			6	
<p>3) Check-ups After Delivery</p> <p><46.5% = 0 pts ≥46.5% = 3 pts</p>			6	

4) Childhood Immunizations Status (combination 2) <44.3% = 0 pts ≥44.3% = 3 pts		6	
5) Well-Child Visits in the first 15 months of Life <32.9% = 0 pts ≥32.9% = 3 pts		6	
6) Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th years of Life <56.7% = 0 pts ≥56.7% = 3 pts		6	
7) Adolescent Well-Care Visits <29.9% = 0 pts ≥29.9% = 3 pts		6	

HEDIS Experience (Technical Proposal Requirement 4.d.)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
<p><i>Proposer cannot score points for this Evaluation Criteria (EC), if they submitted Medi-Cal HEDIS scores and earned points for EC 13.A, (1 through 7).</i></p> <p>B. If Proposer does not report Medi-Cal HEDIS scores, did they report HEDIS scores for another product line, and include service areas and dates?</p>		12	

Consumer Satisfaction Surveys (Technical Proposal Requirement 4.e.)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
14. To what extent does Proposer's description of how they integrate their consumer satisfaction survey findings into the QIS program and does it include the following?		10	
<p>A. Consumer satisfaction survey findings are presented at QIC meetings and communicated to the Governing Body.</p> <p>B. Examples indicate quality initiatives derived from consumer concerns.</p> <p>C. Indication that actions taken based on consumer satisfaction survey findings resulted in improvement.</p>			

Innovative Quality Improvement Activities (Technical Proposal Requirement 4.f.)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
15. Did Proposer describe Quality Improvement activities beyond Contract requirements that have the potential of improving access to care, quality of care and/or Member satisfaction?		10	
To what extent does the activities exceed minimum requirements?			

FINAL SCORE: Quality Improvement Systems
Total Points Earned _____

5. UTILIZATION MANAGEMENT

<u>Summary of Points</u>	<u>Maximum Score</u>		<u>Weight</u>	<u>Total Pts. Possible</u>
Utilization Management System (Technical Proposal Requirement 5.a)	3	X	15	= 45
Utilization Management Activities (Technical Proposal Requirement 5.b.1)	3	X	10	= 30
(Technical Proposal Requirement 5.b.2)	3	X	30	= 90
Delegated Utilization Management Activities (Technical Proposal Requirement 5.c)	3	X	35	= 105
Innovative Utilization Management Activities (Technical Proposal Requirement 5.d)	3	X	10	= 30
Total Possible Points	3	X	100	= 300

EVALUATION CRITERIA

Utilization Management System (Technical Proposal Requirement 5.a)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
16. To what extent did Proposer's organization chart include the following?		15	
<p>A. Did the proposer demonstrate Utilization Management's (UM) structure and placement within the organization?</p> <p>B. Is there an explanation of the functions of UM staff and lines of reporting responsibilities?</p> <p>C. Is there a description of the UM's relationship to other parts of the organization?</p>			

Utilization Management Activities (Technical Proposal Requirement 5.b.1)		Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
17.	To what extent do the submitted log and reports adequately demonstrate the Proposer's ability to perform the pre-authorization activities?		10	
<p><u>When evaluating this question, consider the following:</u></p> <p>Does the data indicate that the overturned denial rate is between 0-10%? (Denial Rate $\leq 10\%$ = 3 pts.; > 10% = 0 pts.)</p>				

Utilization Management Activities (Technical Proposal Requirement 5.b.2)		Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
18.	To what extent do the log and reports submitted by the Proposer indicate the following?		30	
<p>A. Provider was allowed 30 days to submit additional information on deferred prior authorization requests?</p> <p>B. A disproportionate approval rate of a specific service?</p> <p>C. Turnaround times for the following are contractually met:</p> <ol style="list-style-type: none"> 1) Routine prior authorization requests completed within five (5) business days from receipt of information necessary to render a decision. 2) Concurrent review prior authorization requests within seventy-two (72) hours or consistent with urgency of members medical condition. 3) Appeals are resolved within 30 days. 				

Delegated Utilization Management Activities (Technical Proposal Requirement 5.c)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
19. To what extent did the Proposer clearly describe utilization management activities that are delegated to subcontractors?		35	
<p><u>When evaluating this question, consider the following:</u></p> <p>A. To what extent does the Proposer's description include:</p> <ol style="list-style-type: none"> 1) Maintenance of policies and procedures that describe: <ol style="list-style-type: none"> a. Delegated activities, b. UM authority, c. Function, and responsibility, d. How each delegated subcontractor will be informed of its scope of UM responsibilities, and e. The delegated subcontractor's accountability for delegated activities. 2) Established reporting standards that will include findings and actions taken by the delegated subcontractor as a result of the UM activities? Is the reporting frequency at least quarterly? 3) Maintenance of written procedures and documentation of continuous monitoring and evaluation of the delegated activities? 4) Assurance and documentation that the delegated subcontractor has the administrative capacity, task experience and budgetary resources to fulfill its responsibility? 5) A process to approve the delegate's UM program, including its policies and procedures that must meet standards set forth by the Proposer? 6) Assurance that the quality of care being provided is continuously monitored and evaluated and that evidence of care provided meets professionally recognized standards? <p>B. Does the description of the oversight activities include a systematic approach that clearly describes and demonstrates the methods and frequency of monitoring activities?</p> <p>C. Does the sample report of monitoring activities provided demonstrate adequate oversights to ensure program compliance with delegated UM activities?</p>			

Innovative Utilization Management Activities (Technical Proposal Requirement 5.d)	Points Awarded (0-3)	Multiplied by Weight	Equals Total Points Earned
20. To what extent did the Proposer clearly describe utilization management activities beyond contract requirements that have a potential of improving access to care, quality of care and/or Member satisfaction?		10	

FINAL SCORE: Utilization Management Total Points Earned _____
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